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APPLICANTS

Kenneth G. DeRoche, Latrobe, PA;
Mark A. Francis, Solon, OH;

** CONTINUING DATA *None*

** FOREIGN APPLICATIONS *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 10/22/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 7	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
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Verified and Acknowledged
Examiner's Signature _____ Initials _____

ADDRESS
Larry R. Meenan
Kennametal Inc.
P. O. Box 231
Latrobe, PA
15650

TITLE
Milling cutter with tangentially mounted inserts

FILING FEE RECEIVED 916	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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